

**INSTRUCTIONS FOR PREPARING
THE HEALTH INSURANCE AND COUNSELING ADVOCACY PROGRAM
(HICAP) BUDGET
(CDA 229) Rev 3/05)**

PAGE 1 HICAP BUDGET SUMMARY

Heading: Enter the budget period, original or amendment and number, contract number, budget date, and the PSA number. The contract number will consist of the letters HI, followed by the fiscal year, and the PSA number. (e.g. HI 0405-34).

Cost Categories: The lines in this sections list the allowable cost categories for Area Agency on Aging (AAA) Administration for the HICAP Program.

AAA ADMINISTRATION

AAA Admin, Col (a) - Enter Personnel, Operating Expenses, and Indirect Admin costs funded with State and Federal (SHIP) Funds. Add these three (3) lines and enter the total. The Total Administration should not exceed the amount on the Planning Estimate.

Total, Col (d) - Enter the total of columns (a), (b) and (c).

Other Funding, Col (f) - Enter the Personnel, Operating Expenses, and Indirect Admin costs funded with Other Funding.

Total All Funds, Col (g) - Enter the totals of columns (d) through (f) for each line item.

TOTAL ADMINISTRATION – For each column add the Administration costs and enter the total.

HICAP PROGRAM

Direct Service, Col (b) - Enter the State and Federal (SHIP) funds for services being provided directly by the AAA. Include in these amounts any administration funds transferred to program.

Contracted Service, Col (c) - Enter the State and Federal (SHIP) funds for services contracted out. Include in these amounts any administration funds transferred to program.

Total, Col (d) - Enter the total of columns (a), (b), and (c).

Program Income, Col (e) - Enter the amount of Program Income that will be used to fund allowable costs in this budget.

Other Funding, Col (f) - Enter the amount of Other Funding that will be used to fund allowable costs in this budget.

Total All Funds, Col (g) - Enter the total of columns (d) through (f).

TOTAL HICAP PROGRAM – For each column add the HICAP Program costs and enter the total.

TOTAL BUDGET

For each column add Total Administration and Total HICAP Program.

HICAP Legal Representation Services

If the AAA chooses to fund HICAP Legal Representation Services, as allowed by State law [W & I Code, 9541 (c) (3)], then check the "Yes" box at the bottom of Page 1, and enter the amount of HICAP funds that will be used to support this activity. There is not a separate budget for Legal Representation Services, therefore the amount budgeted here must be incorporated into the appropriate pages of the budget.

PAGE 2 AAA ADMINISTRATION BUDGET NARRATIVE

Heading: Enter the budget period, original or amendment and number, contract number, budget date, and the PSA number. The contract number will consist of the letters HI, followed by the fiscal year, and the PSA number. (e.g. HI 0405-34).

PERSONNEL

Position Classification - List each AAA position performing administrative functions for the HICAP Program.

Annual Wage Rate, Col (a) - List the annual wage rate for each position. Any position that is hourly should be annualized for this budget.

% of Time Devoted, Col (b) - Enter the percent (%) of time each position spends performing administrative functions for the HICAP Program.

Total, Col (c) - Multiply the annual wage rate by the percent of time devoted and enter the amount for each position listed.

TOTAL SALARIES & WAGES - Enter the total for all positions listed.

STAFF BENEFITS - Enter the Staff Benefit costs for the positions listed.

TOTAL PERSONNEL - Add Total Salaries & Wages and Staff Benefits and enter the total.

OPERATING EXPENSES

Annual Rent - Enter the rate per square foot in col (b) and the total rent costs attributed to the HICAP Program in col (c).

Equipment - List any equipment, the quantity of each item, col (a), the unit price, col (b), and the total equipment costs attributed to the HICAP Program, col (c).

Travel - Enter the total travel expenses attributed to the HICAP Program in col (c).

Other Operating Expenses - List any other operating expenses and enter the total cost for each item in col (c).

TOTAL OPERATING EXPENSES - Add Operating Expenses and enter the total.

INDIRECT ADMIN

Enter the amount of Indirect Admin costs attributed to the HICAP Program.

TOTAL ADMINISTRATION

Add Total Personnel, Total Operating Expenses, and Indirect Admin and enter the total. Total Administration must agree with Page 1, col (g).

PAGE 3 HICAP DIRECT SERVICES BUDGET NARRATIVE

On this Page budget direct services funded from HICAP Reimbursements, HICAP Fund, HICAP General SHIP funds, HICAP MMA Supplemental SHIP funds, Program Income, and Other Funding.

Heading: Enter the budget period, original or amendment and number, contract number, budget date, and the PSA number. The contract number will consist of the letters HI, followed by the fiscal year, and the PSA number. (e.g. HI 0405-34).

PERSONNEL

Position Classification - List each position performing functions for the HICAP Program.

Annual Wage Rate, Col (a) - List the annual wage rate for each position. Any position that is hourly should be annualized for this budget.

% of Time Devoted, Col (b) - Enter the percent (%) of time each position spends performing administrative functions for the HICAP Program.

Total, Col (c) - Multiply the annual wage rate by the percent (%) of time devoted and enter the amount for each position listed.

TOTAL SALARIES & WAGES - Enter the total for all positions listed.

STAFF BENEFITS - Enter the Staff Benefit costs for the positions listed.

TOTAL PERSONNEL - Add Total Salaries & Wages to Staff Benefits and enter the total.

OPERATING EXPENSES

Annual Rent - Enter the rate per square foot, col (b) and the total rent costs for the HICAP Program, col (c).

Equipment - List any equipment, quantity of each item, col (a), the unit price, col (b) and the total equipment costs for the HICAP Program, col (c).

Travel - Enter the total travel expenses for the HICAP Program in col (c).

Other Operating Expenses - List any other operating expenses and enter the total cost for each item in col (c).

TOTAL OPERATING EXPENSES - Add Operating Expenses and enter the total.

INDIRECT COSTS

Enter the amount of Indirect Costs attributed to the HICAP Direct Services Program.

TOTAL DIRECT SERVICES

Add Total Personnel, Total Operating Expenses, and Indirect Costs and enter the total. Col (c) should agree with page 1, col (b), Total HICAP Program.

PAGE 4 HICAP CONTRACTED SERVICES SCHEDULE

On this Page budget contracted services funded from HICAP Reimbursements, HICAP Fund, HICAP General SHIP funds, HICAP MMA Supplemental SHIP funds, Program Income, and Other Funding.

Heading: Enter the budget period, original or amendment and number, contract number, budget date, and the PSA number. The contract number will consist of the letters HI, followed by the fiscal year, and the PSA number. (e.g. HI 0405-34).

Contractors - Enter the Contractor name, address, telephone number and contact person for this service.

HICAP Reimbursements, Col (a) - Enter the amount budgeted, from this funding source, for this contractor.

HICAP Fund, Col (b) - Enter the amount budgeted, from this funding source, for this contractor.

HICAP Federal General SHIP, Col (c) - Enter the amount budgeted, from this funding source, for this contractor.

HICAP Federal MMA Supplemental, Col (d) - Enter the amount budgeted, from this funding source, for this contractor.

Program Income, Col (e) - Enter the amount of Program Income budgeted for this contractor.

Other Funding, Col (f) - Enter the amount of Other Funding budgeted for this contractor.

Total Contracted Services, Col (g) - Enter the total of columns (a) through (e).

TOTAL HICAP CONTRACTED SERVICES - For each column add the budgeted amounts and enter the total. Col (a), (b), (c), and (d) totals should equal Page 1, HICAP Program, col (c), by funding source.

PAGE 5 HICAP MEDICARE MODERNIZATION ACT (MMA) SCHEDULE

On this Page budget direct and contracted services funded from HICAP MMA Supplemental SHIP funds only. Expenses budgeted on this page must be included on Pages 1, 2, 3, and/or 4 as appropriate. Detailed line item budget information must be provided for both direct and contracted services.

Heading: Enter the budget period, original or amendment and number, contract number, budget date, and the PSA number. The contract number will consist of the letters HI, followed by the fiscal year, and the PSA number. (e.g. HI 0405-34).

PERSONNEL

Direct MMA Costs Col (a) - Enter Salaries & Wages and Staff Benefits for direct services funded from MMA Supplemental SHIP funds.

Contracted MMA Costs Col (b) - Enter the Salaries & Wages and Staff Benefits for contracted services funded from MMA Supplemental SHIP funds.

Total, Col (c) - Enter the total of columns (a) and (b).

Total Personnel Costs - Add Salaries & Wages to Staff Benefits and enter the total in each column.

OPERATING EXPENSES

Lines in this section list allowable costs for MMA Supplemental SHIP funds.

Direct MMA Costs Col (a) - For each appropriate line, enter the amount of expenses funded from MMA Supplemental SHIP funds.

Contracted MMA Costs Col (b) - For each appropriate line, enter the amount of expenses funded from MMA Supplemental SHIP funds.

Total, Col (c) - Enter the total of columns (a) and (b) for each line.

Total Operating Expenses - Add Operating Expenses and enter the total in each column.

INDIRECT COSTS

Enter the amount of Indirect Costs for MMA Supplemental SHIP funds in each column as appropriate.

TOTAL MMA COSTS

Add Total Personnel, Total Operating Expenses, and Indirect Costs and enter the total. Col (c) should agree with page 1, col (g), Total HICAP MMA Supplemental Funds.